Standard Forni No. 1034—Revised Form prescribed by Comptroller Gerard Froved For Release 2960 FR4 FPR: PERCIPOSE 4-00360 RO September And Supp. No. 11 (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1952)  U. S. COST RETMBURSABLE (Department, bureau, or establishment)								PAID BY					
Voucher prepa	ared at	·				~~~~	_						
									<i>11.</i> a –	•			
THE UNITED STATES, Dr., Payee's Account No.								ENCI	v #13	7			
To								SAPC ZZSOF					
		(P <sub>E</sub>	adee)				١L	COPY /	OF Z				
	(Add	dress)	(City)		State)		_						
No. and Date of	Date of Delivery	(Enter description, it	ICLES OR SERVICES m number of contract or Federal sa		upply	OHANTITY	UNIT PRICE		AMOUNT				
Order	or Service	schedule, and of Discount Terms	her information deer	information deemed necessary)		QUANTITY	Cost	Per	Dollars	Cts.			
		Cost							103	.46			
		1											
		l											
PAYMENT:													
Complete [													
Partial		l											
Final	-	Use cont	inuation sheet(s) if ne	cessarv				*					
hipped from	t		eight	Government	B/L No.			Total	103	.46			
certify that the a	have hill is correct	t and just and that paymen	nt has not been receiv	ed.	(Pay	ce must NO	Γ use this	space)					
	ATINTL	t and just and that phymen	it has not seen receiv	cu.	Differen	ces							
31	AIINIL	(Sign original only)								.			
10/6/57													
Date 12/6/57 *Pavec			rtificate is made by payoe on attached bill or bills)						\$103.	di			
Per .		Tiel.			Amount verified; (Signature or initi		1.		12	17 Ju			
	-101	Date	Reg. No.		<del>- , , , , , , , , , , , , , , , , , , ,</del>	ature or mice	<del></del>	nvoice Rec'	<i></i>				
						,atc		iivoice itee (	u.				
Pursuant to authori	ity vested in me,	I certify that this account i	s correct and proper f	or payment.									
Approved for \$				†		(Anthoriz	ed Certify	ing Officer)					
,			SIGN Original										
Зу	2		ONLY	ittle	<b>-</b>								
Γitle				Date					******************				
	THE REVERSE OF TE	HS FORM MUST BE EXECUTED WE	IEN PURCHASES ARE MADE										
·	ACCOU	NTING CLASSIFICATION	(Appropriation Sym	bol must be sl	own; oth	er classificati	ion option	nal)					

## Standard Form No. 1035a—Revised Form prescribed by Comptroller Approved For Referse 2000/04/for Elar-Rope 4-00360R000600010041-0 September 71160 Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal

CONTINUATION SHEET

J. S. COST RETMBURSABLE Sheet No.  (Department, bureau, or establishment)			Sneet Ivo		_ of Bureau Vouc			
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal sur and other information deemed necessary)	pply schedule,	UAN- TITY	Cost	PRICE	AMOUN' Dollars	Cts.
		Contract AlOl - System I						
		Direct Costs Properly Chargeabl Contract AlOl for the period Oc thru November 10, 1957					STATIN	†         
		Labor for the period 10/28/57 to 11/10/57	hru					
STATI	NTL	Overhead computed for Controls Division at interim rate	Systems					
		Total Labor and Overhead						
TATINTI	-	G & A expense computed at inter	im					
		Total Costs					\$ 103	46